

**441—74.1(249A,249N) Definitions.** The following definitions apply to this chapter in addition to the definitions in 441—Chapter 75.

“*Countable income*” means “modified adjusted gross income” (MAGI) or “household income,” as applicable, determined pursuant to 42 U.S.C. §1396a(e)(14).

“*Enrollment period*” means the 12-month period for which Iowa health and wellness plan eligibility is established.

“*Essential health benefits*” means the essential health benefits defined at 42 U.S.C. §18022.

“*Iowa dental wellness plan*” means the managed care dental benefit program set forth in 441—Chapter 73.

“*Iowa health and wellness plan*” means the medical assistance program set forth in this chapter for individuals with countable income that does not exceed 133 percent of the federal poverty level.

“*Iowa wellness plan*” means the benefits and services provided to Iowa health and wellness plan members.

“*Managed care organization*” means an entity that (1) is under contract with the department to provide services to Medicaid recipients and (2) meets the definition of “health maintenance organization” as defined in Iowa Code section 514B.1.

“*Medically exempt individual*” means an individual exempt from mandatory enrollment in an alternative benefit plan pursuant to 42 CFR 440.315 as amended to May 16, 2022.

“*Minimum essential coverage*” means health insurance defined in Section 5000A(f) of Subtitle D of the Internal Revenue Code.

“*Prepaid ambulatory health plan*” has the meaning set forth in 42 CFR 438.2 as amended to May 16, 2022.

“*Qualified employer-sponsored coverage*” shall be defined pursuant to 42 U.S.C. §1396e1(b).

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